

Notice of State Award

STATE OF ILLINOIS GRANT INFORMATION			
State Award Identification	Name of State Agency (Grantor): Department/Organizational Unit:		
State Award Identification Number (SAIN)	<i>CSFA + 4 digit + Alpha designating State, Federal or Both</i>		
State Program Description	<i>If not identical to the Federal Program description, please list both descriptions</i>		
Announcement Type	<input type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of an existing award (<i>explain</i>):		
Agency (Grantor) Contact Information	<i>Name, email address and phone number</i>		
GRANTEE INFORMATION			
Grantee /Subrecipient Information	Name: Address: Phone: Email: DUNS# : FEIN # :		
Period of Performance	Start and End date:		
FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
TOTAL			
TERMS AND CONDITIONS			
Grantee Indirect Cost Rate Information	Rate: Base: Period: <i>List and cite all statutory or programmatic restrictions, limits or caps on indirect costs</i>		
Research & Development	<input type="checkbox"/> Yes, provide description: <input type="checkbox"/> No		
Cost Sharing or Matching Requirements	<input type="checkbox"/> Yes, provide description: <input type="checkbox"/> No		

(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards

Uniform Term(s)	<ul style="list-style-type: none"> ➤ CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) ➤ Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 ➤ Illinois Administrative Code 	
Grantor-Specific Term(s)	<i>List and cite additional requirements the Agency (Grantor) has placed on the Grantee:</i>	
Project-Specific Term(s)	<i>List and cite additional requirements the Agency (Grantor) has placed on the Project:</i>	
SPECIFIC CONDITIONS ASSIGNED TO GRANTEE		
	<u>FISCAL & ADMINISTRATIVE</u>	<u>PROGRAMMATIC</u>
<i>(1) The nature of the additional requirements</i>		
<i>(2) The reason why the additional requirements are being imposed</i>		
<i>(3) The nature of the action needed to remove the additional requirement, if applicable</i>		
<i>(4) The time allowed for completing the actions if applicable</i>		
<i>(5) The method for requesting reconsideration of the additional requirements imposed</i>		

SIGNATURE

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Execution